

HEALTH PROBLEMS OF ELDERLY PEOPLE  
IN DAMAK MUNICIPALITY

By

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Symbol No: 2140190/067

A Thesis

Submitted to Health and Population Education Department in Partial Fulfillment  
of the Requirements for the Master Degree in Health Education

TRIBHUVAN UNIVERSITY  
FACULTY OF EDUCATION  
SUKUNA MULTIPLE CAMPUS  
INDRAPUR – MORANG

2013

## Recommendation letter

This thesis entitled “Health Problems of Elderly People in Damak Municipality” has been done and completed by Nirmala Bhattarai under my guidance and supervision for the partial fulfillment of the requirement of the thesis for the award of the master’s degree of Health Education. I hereby, recommend this work for its evaluation and approval.

.....

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## DECLARATION

I hereby certify that mentioned statements on the report are true, I have read and understood the thesis guidelines, rules and regulations of Tribhuvan University. After approval of research proposal, I have followed the said guidelines, rules, regulation and all respects. I have submitted this thesis to partial fulfillment of the requirements for the Master Degree in Health Education and this research will not be misused in other propose .

.....

Nirmala Bhattarai

## ACKNOWLEDGEMENT

This thesis entitled Health Problems of Elderly People in Damak Municipality is submitted to the Tribhuvan University, Department of Health Education, Sukuna Multiple Campus, and Morang for the partial fulfillment of Master Degree of Education in Health Education.

I have tried to present real image of health problems of Elderly population of Damak municipality as much as possible on the basis of available data. I think this thesis will be useful to other researchers who want to study on the similar field in the future. This study would have been in complete and less worthy without the continuous inspiration and guidance provided my Dissertation Supervisor Mr. Hari Bahadur Khattri. Whatever the world I used would be less against the support and guidance which I got regularly despite his busy schedule.

Similarly, I would like to express my grateful thanks to the persons and local habitant/respondents of Damak Municipality who provide me required data and information to prepare this research. Thirdly, I would also like to extend my thanks to all the faculty members of the department of health Education, Sukuna Multiple Campus for their valuable help and suggestion. Finally, I would like to deliver my heart fully thanks to my family member for their content support and co operation to accomplish this thesis.

Nirmala Bhattarai

## ABSTRACT

This study attempts to analyze health problem of elderly people. There are many health problems in old age. They are vulnerable to physical, emotional and socio-economical problems. Very few studies have been under taken regarding the health problem of elderly people. So the title “Health Problem of Elderly People” was selected. The main objectives of this study are to find out the health problems, health related practices and socio- economic characteristics of elderly people of Damak Municipality.

The research was based on qualitative and quantitative data as well as descriptive and analytical research design was adopted. To collect the primary data 100 respondent were selected from 4500(approx.) elderly people who were distributed in 19 wards. Out of them 5 wards were selected by using stratified sampling procedure. Finally 20 respondents were selected from each sample wards by using right hand rule technique. Structured questionnaire, observation, interview were used to collect required data.

Almost all the elderly people, for both male and female were found to be suffering from some kinds of health problems. The major health problems of elderly were back pain, joint pain, poor eye sight, asthma sleep problem and diabetes, which are varied among the sex and occupational group. The health related behavior and socio- economic condition is quite good.

From this research, the researcher hope that the family, community, state, developmental organization and other concern may use this report for the improvement of elderly problems. Policy maker and social activist may use this

report to develop some other new programme for elderly people. Furthermore, it is help full for other researcher at local and national level.

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## LIST OF ABBREVIATION

AMDA	: Association of Medical Doctor of Asia
B.P	: Blood Pressure
CBS	: Central Bureau of Statistics
GON	: Government of Nepal
INGO	: International Non Governmental Organization
IOM	: International Organization for Migration
LWF	: Lutheran World Federation
NEPAN	: Nepal Participatory Action Network
NGO	: Non Governmental Organization
NRCS	: Nepal Red-Cross Society
OAA	: Old Age Allowance
SLC	: School Leaving Certificate
SSA	: Social Security Allowance
TV	: Television
UNHCR	: United Nation Higher Commission for Refugee
UTI	: Urinary Tract Infection
VDC	: Village Development committee
WHO	: World Health Organization

## CHAPTER- I

### INTRODUCTION

#### 1.1 Background of the study:

The old age people are our history, to respect and care of them is our responsibility. Ageing occur when fertility rates decline while life expectancy remains constant or improves at the older age. This process results the rise of old age population. The old age people are called senior citizen, those who are spending their life as a retired persons. Those people are unable to do work hard due to the declining of physical and mental condition.

Recently worldwide population aging has been considered one of the most important demographic phenomena. It is the product of clear decreases in birth and mortality rates and an increase in life expectancy, which is reflected in the socio-economical progress of countries. The worldwide population aged 60 years and older will surpass from approximately 770million in 2010 to an estimated one billion in 2020, and 20 percent of these people will be concentrated in developing countries(Bhattarai, Nimisha and Meena, 2012). It is particularly important the increase of the oldest old (people older than 80 years old) and the relatively higher percentage of elderly women, these two phenomenons will be present in almost every country and represent an important economic and social effect. Thus, needs to be addressed and proper attention should be given to the elderly people (Chalise, 2006).

In developed nations, life expectancy has increased more in the 20<sup>th</sup> century than it has in all of recorded history. A person born in United States in 1995 can expect live more than 35 years longer than a person born in 1900. Today more than 34 million Americans are 65 or older, accounting for about 13 percent of the population. By the year 2030: their numbers will more than double. One in every five Americans will be over age 65. (Robert E. Roush). Aging is a natural outcome of demographic transition from high fertility and mortality to low fertility and mortality. An increase in the longevity of the individuals to or an increase in the average length of life pertaining to a population results from improvements in the quality of the environment and from medical advances among other factors.

According to the census 2001, there are 1.5 million elderly people in Nepal constituting 6.5 percent of the total population between 1991 and 2001; the elderly population has increased by 3.39 percent per annum. Decreasing in fertility and mortality rates with improvement in life expectancy have led to add around 41 thousand new elderly people each year. The improvement in medical services ,public health and awareness life expectancy has been increasing .Average life expectancy of Nepalese people has cross the 60 years.(chalise,2006.)

According to the Census 2011, the percentage of elderly population has increased to 9.1 percent (male 4.6 and female 4.5 percent). The sudden increase in elderly population has strained the family unite to provide support for the elders, and has led to a distressing situation for them for the lack of support .Despite such distressing conditions, the number of senior will increase because 54.7 percent of the total population is within the age group of 15 to 49, which is reproductively active. (CBS, 2011)

Ageing is considered as a problem in our society. Old people are even considered as a burden for family. A family member doesn't taking proper care of the old age people they are forced to do different activities in and outside the home. A majority of elders depend upon agriculture and are living under the poverty. They suffer from deprivation, illiteracy, poor health and nutrition, low social status, discrimination and restriction on mobility, because of poverty; they enter into old age, in a poor state of health and without saving or material assists. They lack means to fulfill their basic needs such as food, clothes, shelter, health care, and safe drinking water.

Several studies in Nepal show that the long established culture and traditions of respecting elders are eroding day by day. Younger generations move away from their birthplace for employment opportunities elsewhere. Consequently, more elderly today are living alone and are vulnerable to mental problems like, loneliness, depressions and many other physical diseases.

Damak is a mid-sized Municipality located in Jhapa district, Mechi zone of eastern development region. It lies on the bank of Ratuwa and Mawa rivers. It was established in B.S. 2039. The Municipality is bordered by Lakhanpur VDC in the east, Urlabari, Madhumalla and Rajghat VDC in the west, Chulachuli VDC in the north and Kohwara VDC in the south. The Municipality has tropical and sub-tropical climate and is situated at 97 m. to 206m. high from the sea level (nagar profile, 2069). Damak Municipality consists of 19 wards which also includes the large Himalayan Tea State. The Municipality covers an area of 75851105.029 m<sup>2</sup>.

According to the information of Damak Municipality there is 79648 populations, among them female population is 40797 and male population is 38851. The annual population growth rate is 3.97 percent. In the Municipality elders population is approximately 4500, among them 2153 population are receiving OAA as a senior citizen, 524 are single women above 60 and 634 are below 60 year are receiving SSA facilities. Out of total population 3710 are benefited in Damak from the SSA program of government (Damak Municipality, 2070).

Damak is one of the emerging trade centers in eastern part of Nepal. 14 bank, 4 financial company and 55 co-operatives providing different financial service in Municipality. More than one and half dozen hospital and polyclinics are providing health facilities. In Municipality more than 100 different kinds of educational institution are established and providing educational facilities. There are many I/ NGOs such as IOM, UNHCR, LWF, NRCS, AMDA, and CARITAS are working for the refugees and social welfare

## 1.2 Statement of the Problem:

The ageing population is the most unique and diversified group in today's society because they have been living the longest and participated in and adapted to the complex societal changes.

They have been facing their changing roles due to changing rules of society, their chronological age and health status and other societal and cultural factors. Ageing is not the state but an evolving process, a transformation occurring essentially under the influence of the passage of time, thus understood ageing begins with life itself and the stage 60 + years

is also called "retirement age". In this period, body can't resist outer infection; therefore they are facing various health problems like asthma, joint pain, cough and cold, eye and ear defect, hypertension, mental disorder etc. In addition elderly women suffering from breast and cervix cancer, RTI and UTI, uterus prolapsed etc. Most old age are suffering from physical, mental, emotional and social problems. They are not getting proper health care facilities, nutritional diet and adequate support from the state, society, community and their family

### 1.3 objective of the study:

The general objective of this study is to identify health problems of the ageing population in Damak municipality. However the specific objectives of the study is to find out:

- a. the demographic characteristic of elderly people in Damak.
- b. major health problems of elderly people in Damak.
- c. Socio-economic condition of elderly people in Damak.

### 1.4 Research Question:

This research is focused on the following questions:

- a. What are the demographic characteristics of elderly people?
- b. Which are the major health problems of elderly people?
- c. What are the socio economic conditions of elderly people?

### 1.5 Significance of the study:

Elderly people are respected persons of the society and they are also important part of the society and country. The study aims is to find out the health problems of elderly people living in Damak Municipality. The significances of the study are as follows:

- a. This study is shows the clear picture of the demographic data, prevalence of disease and existing health practices of the elderly people living in Damak Municipality.
- b. This study is explored the health problems which are facing by elderly people in contemporary situation.
- c. This study is shows the health care facilities which are getting by the elderly people in Damak Municipality.
- d. The is study is provided the useful guideline for policy makers, planners, researcher and social workers to improve the health condition of the elderly people in Damak Municipality.
- e. This study is played very important role in sector of ageing because it aims to collect the information of elderly living in Damak Municipality

### 1. 6 Delimitation of the study:

Due to the limited time, resources and economic constraints the study has the following delimitation:

- a. Geographical Delimitation: Damak Municipality is the geographical boundary of the study. So the study is delimited only on its territory.

- b. Content Delimitation: the study is only delimited on health, demographic and socio-economic condition of elderly people of study area.
- c. Time and Budget Delimitation: This research is done for the partial fulfillment of the requirements for masters in health education. Due to the limited time and budget only 5 wards of Municipality was taken for 100 respondents.

### 1.7 Definition of the Terms use:

Distressing situation: Troubling to the mind or emotion.

Elderly Person: Chronological age of 60+years/senior citizens/aged member of the society.

Fertility: The ratio of live birth in an area to the population of that area.

Life expectancy: The probable number of years remaining in the life of an individual.

Mobility: The movement of people, as from are social group, class or level to another.

Mortality: The ratio of deaths in an area to the population of that area.

Nutrition: The process of assimilating and use of essential food elements from the diet i.e. carbohydrates, fats, proteins, vitamins, minarals.etc.

## CHAPTER-II

### REVIEW OF THE LITERATURE

#### 2.1 Literature Review:

Family systems are rapidly changing due to the modernization. Older values are being replaced by individualism. Elders are not getting proper kin support in their families (prakash, 1999).

According to census 2001, elder citizen has a lot of problems. They are facing health, social, economic etc. problems. Among old people 11.02 percent male and 7.68 percent female were died due to the asthma. Cancer and mental health problems are most common problems of elders (CBS, 2003).

NEPAN and Help Age International (2003) found that ageing people are suffering mostly from asthma, cough, gastritis, joint pain, eye problem, headache and occasional diarrhea. Most of the woman were suffered by prolapsed uterus .The problem could be attributed due to the lack of rest, diet, treatment and family care.

World Health Organization published a report on population ageing: a public health challenge. It shows the situation of quality of life in old age. The report projected that by 2020 more than 1000 million people aged 60 above years, more than 70 percent of them will be in developing countries. Most of the elder people are facing different health problems. More than 45 million are blind, 135 million have low vision. The largest numbers of elder people are suffering and death may be caused by non communicable diseases (cancer, diabetes, BP, circulatory system).

Hypertension rate are rising day by day (WHO, 2002).

Nepal interim plan (2064-67) set an objective to provide favorable facilities and environment for respectable safe and content living for all senior citizen of the country. To achieve this objective plan develop different strategies and policies (NPC, 2064). The minority communist governments of United Marxist Leninist in 1995 introduce a pension scheme of 75 above years of age and 60 above years old widows, which amount to \$6.00 per month per persons. From the ninth five year plan (1997-2002), government of Nepal started family based security system to improve the living conditions of elderly people. The GoN an enacted senior citizen has facilities program implementations guidelines, and senior citizens regulation 2009 to implement policies and programs that ensure the social security to the elderly(Bhattarai, Nimisha and Meena,2012).

The senior citizen Act adopted by the government has aimed to formulated policies to respect and utilize the knowledge skills and experiences of senior citizen in nation development and social transformation. The provision made by the senior citizen Act contradicts with the civil service Acts because the civil service Acts has abstracted the elderly people to be participated in the service. The Government of Nepal (GoN) has set up senior citizen facilities fund in each district to provide free treatment equivalent to a limit of Rs 2000 per persons per year. GoN made provision for free health services for heart and kidney patients of over 75above years of age (Geriatric centre Nepal, 2010)

The government is providing Old-Age-Allowance (OAA) of Rs. 500 per month to people of age 70 and above. The government provides Rs 500

per month for widow and helpless women above the age of 60 years (Acharya,P. 2011).

The Old Age Allowance (OAA) is a step towards the fulfillment of the directive principle of the constitution and the commitment expressed in the international forum on ageing. Pension is safe income for the remainder of life; however, a large bulk of the population in Nepal receives no-pension and most depends on familial support and personal savings. Despite being small in amount, the pension has been a subsidy to purchase medicine, food, and clothing and has given strength to elderly people. Rural dweller appreciate the pension more highly than the urban dwellers.

Bista (2006) studied the health problems of elderly people at Pashupati Briddhashram to indentify the health problems of elderly people. The specific objectives of the study are: to identify the family relationship and economic status of elderly people and to find out the health problems and behavior of these people. From his research, he found that most of the respondents have lived with join family, 75 percent elders are illiterate and most of them are hard working. Total elderly people of the study area are suffering from different kind of health problems.

Aryal (2004) presented his thesis on health status of elderly people in Pashupati Briddhashram Kathmandu. The major objectives of his study are to find out the health status of elderly people. He concluded that most of the elderly people are facing different kind of illness, isolation, dislodged from home. Most of them are not getting any kind of family support for their happy and healthy life

## CHAPTER-III

### METHODS AND PROCEDURES OF THE STUDY

#### 3.1 Research Design:

The research was based on quantitative and qualitative data as well as descriptive and analytical research design.

#### 3.2 Population of the Study:

The study population was the elderly people (60 years above) of Damak Municipality. Out of 4500 elderly people, 100 elders are selected for the study.

#### 3.3 Source of data:

This research work is based on primary and secondary data. It follows the integrated approach that is qualitative and quantitative.

#### 3.4 Sampling Procedures and Sample Size:

To study the health problem of elderly people in Damak, sampling was done in four stages; Purposive sampling method was adopted to collect the data. Only 60 above age groups' 100 individual were selected as a sample. Before selecting 100 elder respondents from 19 wards, the wards were divided into two groups based on their settlement and density. Ward number 1, 10, 11, 12, 13, 14 and 15 are highly urbanized having more than 4,775 population in each ward and rest of them are less urbanized, they have below 3500 population in each ward. Two wards from the first group and three wards from the second group are selected by using stratified random

sampling method. Subsequently in the next stage, 20 respondents were selected randomly using Right Hand- Rule technique (Sharma and Khadka, 2011). The starting point for the Right- Hand-Rule are recognizable location such as school, cross road, bazaar, chautara. From a given starting point the interviewer walks in a random direction to select the sample respondents along the route, until she/he interviewed 20 elderly respondents. Finally in the last stage, if there is two or more elder person in a household, the researcher used the lottery method to identify the respondent to collect the primary data.

In Damak Municipality the total population of elderly people age 60 above were approximately 4500. They are distributed in 19 wards in Municipality out of them 100 elder people were selected from the study area for the purpose of data collection using different probability and non-probability sampling method.

### 3.5 Study Tools:

To achieve the goals, following instrument were used. Such as: interview, observation, survey, pre coded structured questionnaire and secondary data were obtained from different references.

### 3.6 Validation of Tools:

The pilot study was carried out in 10 elderly people in Lakhanpur VDC, which was the features of the study required, for standardization of tools and any feedback from the pilot study was considered as a benchmark for further improvement of the interview schedule. Likewise the improved tools were distributed to 3 peer students and one related experts (Thesis

guide) in order to collect their feedback. According to the feedback provided by the result of pilot study, peer group and experts the tools were design in the final shape. The final interview schedule/ questionnaire is included in appendix-I.

### 3.7 Process of data collection:

The researcher was follow the structured and unstructured interview as well she was present the develop questionnaire to collect the data. If requires, she was take note and record their interview. Other essential data was collected from different references and other author.

### 3.8 Data Processing, Analysis and Interpretation:

After completion of collecting primary data, the researcher classified and tabulated the raw data in master chart. Simple mathematical interpretation and description procedure were adopted in the study. The gathered raw data were tabulated and presented in figure and graph. Analysis and interpretation were made in accordance with prepared graph and tables without using any special statistics. In addition, secondary data were used to make the interpretation more clear.

## CHAPTER-IV

### RESULTS AND DISCUSSION

This chapter is mainly concerned with the results and discussion of data which were collected from the field survey. Collect data were tabulated and kept in sequential order according to the need and objective of the study, and then they were analyzed on the basis of percentage. Essential table, diagram and figure were used to make the analysis more clear. The result and discussions are done in following areas:

- a. Demographic characteristics of Elderly People in Damak Municipality.
- b. Major health problem of Elderly People in Damak Municipality.
- c. Socio- economic condition of Elderly People in Damak Municipality.

#### 4.1 Demographic Characteristics of Respondents:

According to the record of Damak Municipality the total population of elderly people age 60 above is around 4500 in Damak Municipality. Among them 100 elder respondents of were selected by using stratified random sampling, simple random sampling, right hand rule method to study the health, demographic and socio- economic status of elderly people.

##### 4.1.1 Age and Sex Structure of Respondents:

Old age people do not comprise a homogeneous population, they are heterogeneous. So they are classified in to different groups. They are differing in each other in their physical, psychological, health and socio-

economical status. The age and sex wise distribution of respondents can be shown on the table below.

Table no.1: Distribution of Respondents by Age and Sex Group

Age group	Male	Percent	Female	Percent	Total	Percent
60-69	24	40	16	40	40	40
70-79	20	33.4	10	25	30	30
80-89	14	23.3	10	25	24	24
90+	2	3.3	4	10	6	6
Total	60	100	40	100	100	100

The table no 1 shows that respondents between 60-69 years old are the highest in the number. They are 40 percent and it is followed by more than the female. By age group 70-79 years, they are 30 percent. The age group 80-89 and 90 above has respectively 24 and 6 percent. The sex ratio is very different in the age group 90 above. Numbers of female are three times more than the female respondents.

Most of the respondents were 60 to 69 age group, the study shows that the life expectancy may be the main cause of decreasing the number of old age people

#### 4.1.2 Cast and Ethnic Character of Respondents:

Cast and ethnicity is one of the major components of socio-cultural characteristics of the population of our community. The word cast/ethnicity denotes a group of people that is identified on the basis of common culture and has a sense of collective identity and we feeling. The caste and ethnic distribution of respondents of study area is shown in the table below:

Figure 1: Distribution of Respondents by Caste/Ethnicity

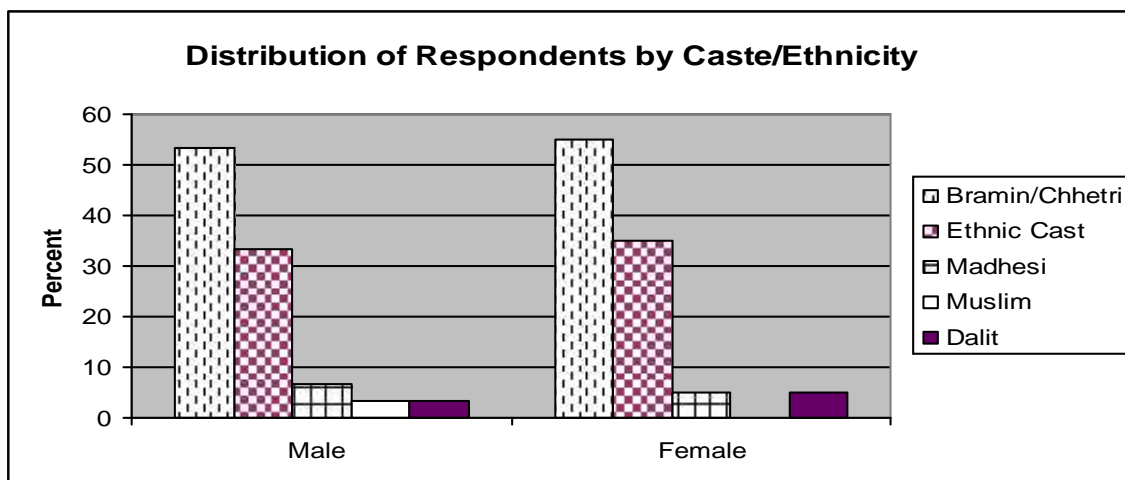


Figure 1 shows, the majority of respondent (54%) are Brahmin/Chhetri, Ethnic respondents are the second largest group, and they occupy 34 percent. A few number of respondents are Madhesi, Dalit and Muslim, they are respectively 6 percent, 4 percent and 2 percent out of total respondents.

Damak Municipality has a multi cultural community but the majority of the population is Bramin and Chhetri. Other ethnic and non ethnic caste groups are in minority. So the distribution of Bramin/ Chhetri respondents is higher than other cast group in the study.

#### 4.1.3 Educational Status of Respondents:

Education plays an important role in healthy behavior and improvement of the quality of life. Education gives insightful vision, although all people do not get equal opportunity to attain the same level of education. The educational status of respondents is clearly shown in the table below:

Table 2: Educational Status of Respondent

Education	Male	Percent	Female	Percent	Total	Percent
Illiterate	12	20	32	80	44	44
Literate	20	33.4	8	20	28	28
Class 5- 10	16	26.6	00	00	16	16
10 class above	12	20	00	00	12	12
Total	60	100	40	100	100	100

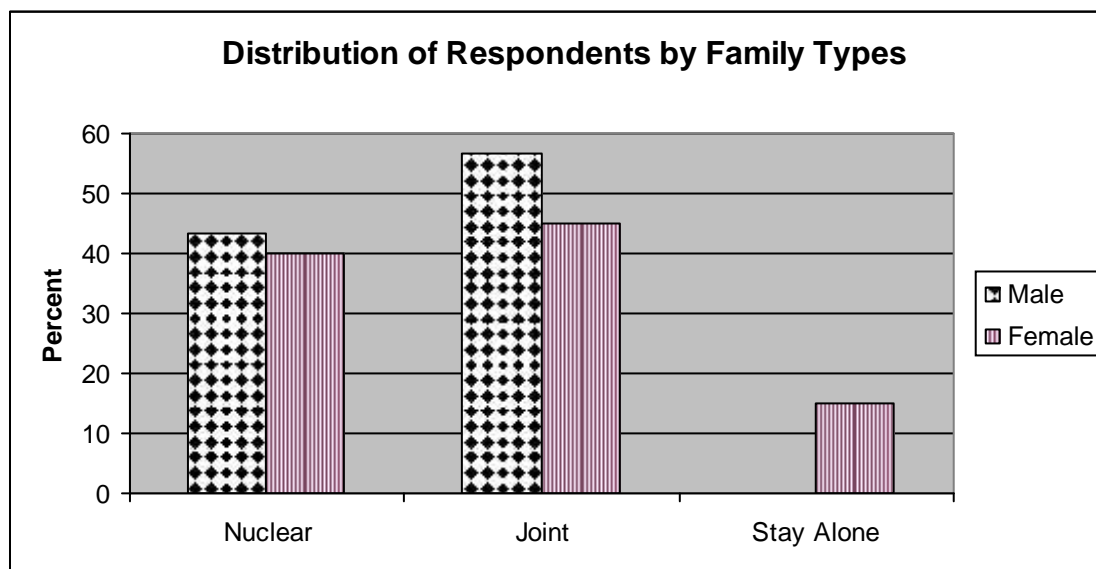
Above table n.2 presents that 44 percent elder respondents are illiterate. Only 28 percent elder people are literate. Out of 100 respondents, 16 percent elderly male completed above 5 to 10 class education and 12 percent elderly male completed the secondary level education.

Women were not get equal opportunity in education like male so their education status is very low compare with male. Social discrimination and negative attitude were the main cause of backwardness in education.

#### 4.1.4 Family Types of Respondents:

Family is the basic components of society. This is the foundation of human well being. Every individual fulfill their needs and interests from the family. All the family members are working together to solve their socio-economic, health problems and improve the quality of life. The type of family of the respondents can be presented in figure below.

Figure 2: Distribution of Respondents by Family Types



The above figure n.2 reveals that out of 100 respondents living in Damak Municipality, fifty two percent elderly people are living in the joint family and 40 percent elderly people are living in nuclear family. There are no any male respondents staying alone but 15 percent female respondents are staying alone in the study area.

Due to the modernization and urbanization traditional family structure has been changing. Small size family has been introducing, as a result nuclear family has been increasing as a significant number in the community. Some widow female elders are stay alone because of the problem of adaptation with the new generation.

#### 4.1.5 Marital Status of Respondents:

Marital status has a strong effect in the situation of elderly people in regarding family care and support. It determines a women's position within

the family as well as her status in the society. The following table shows the marital status of the respondents below.

Table no. 3: Marital Status of Respondents

Marital Status	Male	Percent	Female	Percent	Total	Percent
Married	48	80	16	40	64	64
Unmarried	0	0	2	5	2	2
Separate	0	0	4	10	4	4
Widow/er	6	10	18	45	24	24
Polygamy	6	10	0	0	6	6
Total	60	100	40	100	100	100

The table no.3 clearly shows that 64 percent elderly people are married, twenty four percent elderly widow/er among them female widow are very high compare with male. Only six percent male are married with more than one, four percent and two percent elder are respectively separated and unmarried.

As a cultural discrimination, after death of partner, female are not get re-marry but male are very free to marry again, as a result marital status is varied among the male and female in their old age.

#### 4.2 Health Status of Elderly People:

With an increase of age, the person becomes physically, mentally and emotionally weaker. The resist power against diseases is going to decrees day by day. So body can't resist minor infection. The person suffers from different kinds of disease and health problems. Almost all the respondent

living in the municipality have had some type of health problem, mainly they are headache, back pain, eye/ear defect, asthma, BP, diabetes on the basis of the answer given by the respondents. In Damak Municipality there are 8 hospitals, 1 nursing home, 41 polyclinic, 126 medical shop and 11 other health related organization are providing health services (Nagar Profile, 2069). So health facilities are not difficult for the local habitants of Damak area. This chapter deals with the health condition and status of elderly people.

#### 4.2.1 Health Problem of Respondent by Age Group:

From the field survey all of the respondents were found to be suffering from some kind of health problems .The different kinds of health problems of the respondents are given below:

Table 4: Health Problem of Elderly People by Age Group

Health Problems	60-69	%	70-79	%	80-89	%	90+	%	Total	Percent
Headache	18	45	0	0	0	0	0	0	18	18
Back pain	26	65	22	73.4	10	41.7	6	100	58	58
Eye/ear defect	24	60	16	53.4	20	83.4	6	100	46	46
Asthma	2	5	12	40	0	0	0	0	14	14
UTI	4	10	0	0	0	0	0	0	4	4
Joint pain	16	40	18	60	22	91.7	6	100	76	76
Sleep problem	6	15	14	46.7	0	0	0	0	20	20
Diabeties	16	40	2	6.7	0	0	0	0	18	18
BP	18	45	6	20	0	0	0	0	24	24
Thyroid	12	30	0	0	0	0	0	0	12	12

The above table clearly shows that out of the respondents in the age group (60-69) year, highest number of elderly people (65%) are suffering from back pain, 60 percent are suffering from eye/ear problem. BP and headache is another major problem of elderly people of this age group, forty

five percent are affected by these problem. Forty percent are suffering from diabetes and joint pain. Thyroid is another health problem of this age group, 30 percent are suffering from this problem. Sleep problem, UTI and asthma are also affected the elderly people.

The respondent of age group between 70-79 years, the majority (73.4%) are suffering from back pain. Joint pain is second major health problem of this age group. Eye /ear problem is found in 53.4percent elderly people of this age group. Sleep problem and asthma affected respectively 46.7 and 40 percent elder. BP is second and Diabetes is least health problem of this age group, these problem affected 20 and 6.7 percent respectively. There is no any headache, UTI and Thyroid problem in this age group.

Similarly, the respondent between 80-89years, highest number of respondents (91.7%) is suffering from joint pain and 83.4 percent from eye/ear defect. 41.7 percent are suffering from back pain. Likewise 100 percent respondents of 90 year above are suffering from Back pain, joint pain and eye/ear defect, among all age group, joint pain is the major problem, back pain and eye/ear defect is second and third major health problem of elderly people. BP, asthma, sleep problem, headache affected more than 12 percent elderly people. Only 4 percent are suffering from UTI.

Immunity power is decreasing in old age day by day. So, different kind of diseases can affected to the older persons. Therefore health problems are increasing significantly in the old age.

#### 4.2.2 Health Problem of Elderly People by Sex:

Table 5: Health Problem of Respondents by Sex

Health problem	Male	Percent	Female	Percent	Total	Percent
Headache	8	13.4	10	25	18	18
Back pain	24	40	34	85	58	58
Eye/ear defect	24	40	22	55	46	46
Asthma	8	13.4	6	15	14	14
UTI	0	0	4	10	4	4
Joint pain	44	73.4	32	80	76	76
Sleep problem	14	23.4	6	15	20	20
Diabetes	12	20	6	15	18	18
BP	18	30	6	15	24	24
Thyroid	0	0	12	30	12	12

The given table explicitly shows the health problems of elderly people by sex group. Back pain and Joint pain is the main problem of elderly women, which affected 85 percent and 80 percent respectively, these health problem are little lesser among male elder. Fifty five percent women and 40 percent male are suffering from eye/ear defect, a little more male elder people are affected by BP, diabetes and sleep problem compare with female elder, where headache and asthma is vice versa. The UTI and thyroid problem is found only on women, among them 30 percent are suffering from thyroid and 10 percent are suffering from UTI problem.

Back pain, joint pain, UTI, thyroid are the main health problem of elderly women. The main cause of these problems may be bearing more

children, hard physical labour, and unbalance diet as well as gender discrimination. Alcohol drinking, smoking, out stay, unhealthy dietary habit may the cause of B.P, diabetes, asthma, sleep problem etc for elderly male.

#### 4.2.3 Health Problem by Occupation:

Occupation plays the major role in the distribution of health problem of elderly people. Those people who have had good occupation have few health problems then who have had not good occupation. The different health problem of the elderly respondent by occupational participation is shown on the table below:

Table no 6: Health Problem by Occupation

Health Problem	Business		Agriculture		Wage labour		Service		Stay at Home		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Headache	6	42.8	2	9	2	25	2	12.5	6	15	18	18
Back pain	4	28.6	14	63.5	6	75	6	37.5	28	70	58	58
Eye/ear defect	6	42.8	10	45.5	4	50	6	37.5	20	50	46	46
Asthma	0	00	2	9	0	0	2	12.5	10	25	14	14
UTI	0	00	0	0	0	0	0	0	4	10	4	4
Joint pain	8	57.2	16	72	4	50	12	75	36	90	76	76
Sleep problem	4	28.6	4	18	0	0	2	12.5	10	25	20	20
Diabetes	6	42.8	2	9	0	0	4	25	6	15	18	18
BP	6	42.8	4	18	0	0	8	50	6	15	24	24
Thyroid	0	0	0	0	0	0	0	0	12	30	12	12

The table clearly shows the health problems of elderly people by their occupational participation. Those elder who are engaged in business, more than 57 percent are suffering from joint pain and 42.8 percent are facing headache. Diabetes, BP and Eye/ear problems. Nearly 29 percent elder are suffering from back pain and sleep problems. On the other hand, agricultural elder are suffer from join and back pain. Diabetes, BP, headache and sleep problem are lesser than business elder. In the case of wage labour, back pain

is the main problem. Seventy- five percent wage workers elder are suffering from this problem. One half is suffering from joint pain and eye/ ear defect. Only 25 percent are facing headache problem.

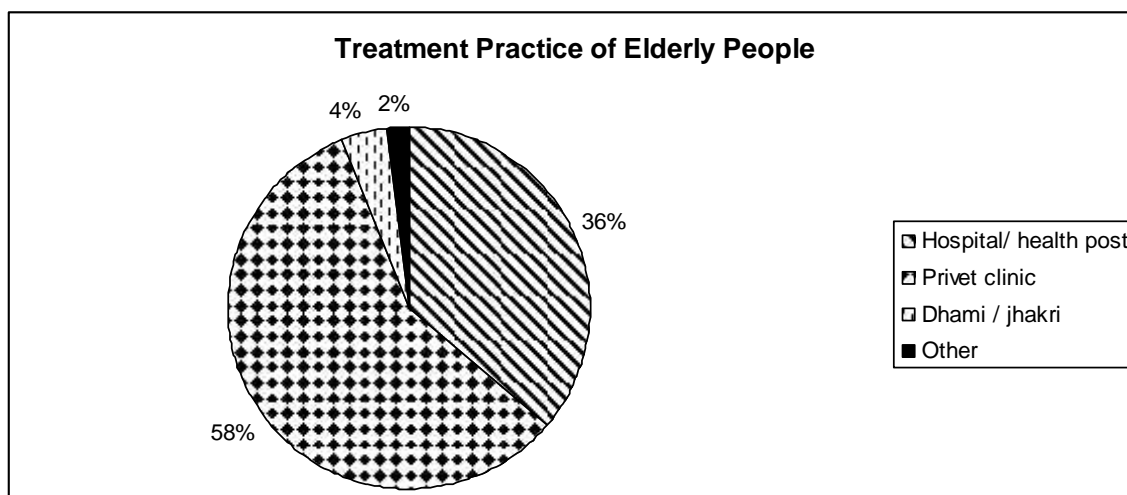
Likewise service holders/ retired elderly people (75%) are suffering from joint pain. One half elder have BP problem, 37.5 have back pain and eye/ ear defect. One fourth elders are suffering from diabetes and one eighth is suffering from headache, asthma and sleep problem. Most of the elderly people, who are passing their life without doing any income generating activities, due to the elderly health problem, among them 90 percent are suffering from joint pain, 70 percent are suffering from back pain and one half have eye/ear defect. Asthma and sleep problem is found among one fourth elder and headache, BP and diabetes is found among the 15 percent elder. Thyroid and UTI is also found among them. According to the data joint pain is the main problem of elder people and secondly back pain is another health problem. Eye/ear defect, BP, headache, diabetes etc are respectively lesser, where UTI is the least health problem of elderly people.

People who are engage in business and services have very low physical stress but very high in mental stress. Those people are mainly suffering from heart diseases on the other hand who have more physical labour they may be suffered from back pain, joint pain and other physical problems.

#### 4.2.4 Treatment Practice of Elderly People:

Treatment practice is depend on the availability of the health services, health knowledge, health practices as well as their economic condition. Health treatment practice of elderly people at Damak Municipality is shown on the table below:

Figure 3: Treatment Practice of Elderly People



The figure 3 shows that 58 percent elderly people go to private clinic and 36 percent go to hospital for their health checkup. Four percent elders' believes on Dhami/ Jhakri and 2 percent elderly people fallow other ways to cure their health problem.

Health service facilities are satisfactory in the study area. Large number of elderly people goes to private clinic for their health checkup, because they provide quick and good services. The people get chance to choose their Doctor for the treatment which is not possible in hospital and health post. Lack of awareness and poverty some people are unable to go to the clinic and hospital.

#### 4.2.5 Dietary Habit of Elderly people:

Hygienic food and nutrition is the foundation of healthy life. Nutrition balance is essential for good health. Digestive system and immunity power is weakened in the old age. So, light food is better than oily, spicy and heavy food. Fresh food, juice, milk, green vegetable, cereals should be better to

include in everyday meal. Food and nutritional practice of elderly people of Damak is shown on the table below.

Table no. 7: Dietary habit of elderly people

Type of food	Daily		Frequently		Occasionally		Never Eating		Total
	No	%	No	%	No	%	No	%	
Fresh fruits	12	12	42	42	46	46	0	0	100
Milk	46	46	36	36	18	18	0	0	100
Meat/fish	0	0	26	26	38	38	36	36	100
Cereals	6	6	42	42	46	46	6	6	100
Green vegetable	78	78	20	20	2	2	0	0	100

According to table 7 the nutritional habit is varied among the elder people of Damak Municipality. Only 12 percent elder eat fresh fruits every day, 42 percent eat very frequently and 46 percent eat occasionally. Likewise 46 percent elder drink milk everyday, 36 percent and 18 percent elder drink milk frequently and occasionally respectively. No one take meat/fish daily but 26 percent eat very frequently and 38 percent eat occasionally, rest of them (36%) is vegetarian. Cereals and Green vegetables are respectively cooked in 6 percent and 78 percent elders' family. The number of frequently eaters is 42 percent and 20 percent respectively. The large number of elders (46%) eats cereals occasionally and 2 percent eat green vegetables very occasionally. Only 6 percent elder are far from cereals due to the joint pain and the uric acid.

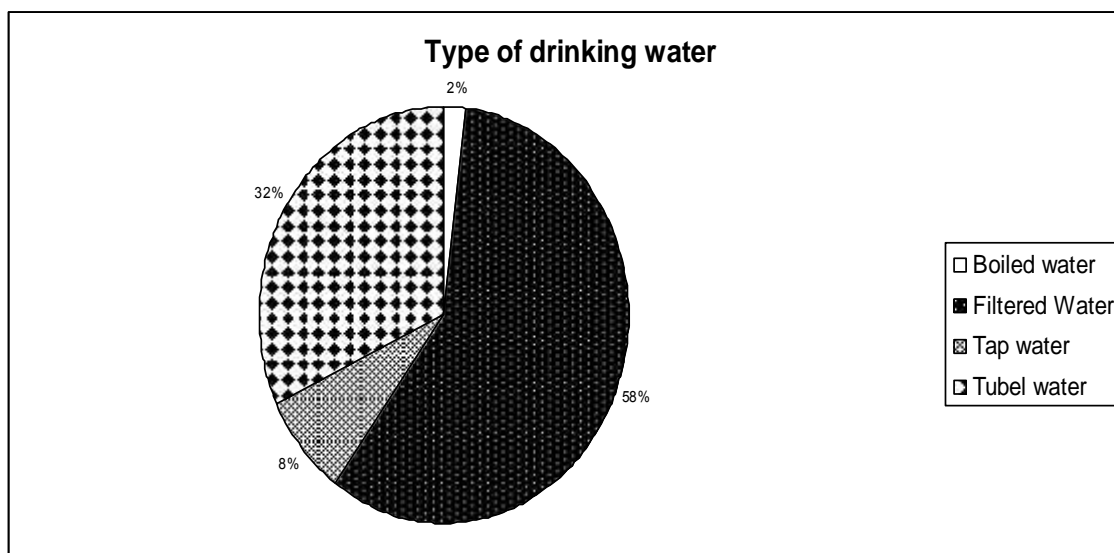
Those families who have good income source their fooding habit is satisfactory and those who have low income are dissatisfactory. Some elder people who fallowed different sect of Hinduism, Buddhism and some

vegetarian are far from the non vegetarian fooding habit.Finally it is concluded that the habit of eating fresh fruits, milk, cereals should be better to increase for elder people.

#### 4.2.6 Facilities of Drinking Water:

Pure drinking water is very important for every human being. No one lives in the earth without water. If we don't get pure drinking water we may suffer from different type of diseases and health problems. In the municipality area, only 27 percent people are supplied with drinking water facilities (ibid). Majority of people are dependent on sallow tubel. Comparatively tap water is very better then underground tubel water. The drinking water practice of respondents of study area is shown in the table below:

Figure 4: Distribution of Respondents by Use of Drinking Water



Most of the elder people of Damak drink filtered water, 58 percent household have water filtered and second large number (32%) of elder drink tubel water. Eight percent elder drink tap water without filtered and boiled.

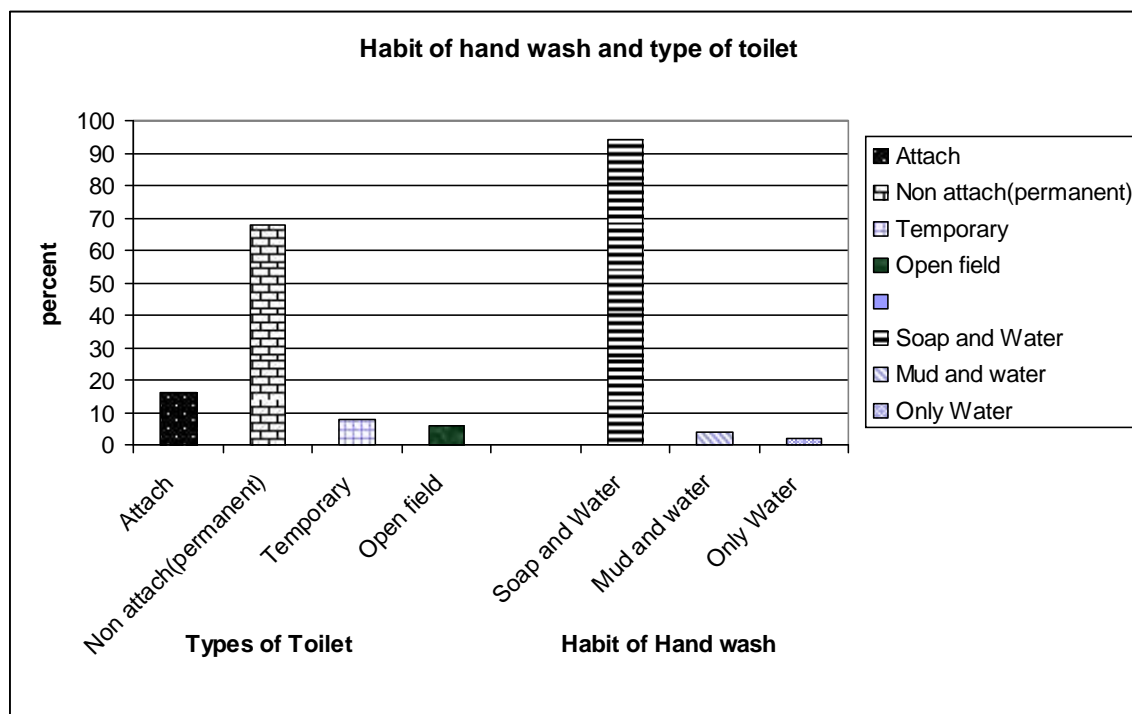
Very low number of elder drink boiled water; they are only 2 percent in the study area.

Those people who are health conscious and aware they use filtered and boiled water. People, who are living in rural area, have no assess of filter and lack of awareness use to drink tap and tube water directly. The large numbers of families of Municipality are not supplied tap water so; they are obliged to use underground water.

#### 4.2.7 Toilet Facilities for Elder People:

Proper disposal of human stool and urine is required for healthy environment and healthy life. They are the source of different type of disease infection. Toilet is the important thing to dispose such type of waste. Washing hands after toilet is also important thing for healthy behavior. Elder people who are physically weak need good toiler facilities. Some of the old people are unable to control their toilet too. These needs proper family support and facilities. The table below shows the toilet facilities and habits of washing hands of respondents.

Figure 5: Habit of Hand Wash and Type of Toilet Used by Elder People



According to figure 5, most of the elder people of Damak use non attached (permanent) toilet. Only 18percent elder have attached toilet facilities. Temporary toilet is used by 8percent elder, rest of them have no toilet facilities. They (6%) use open field for the toilet likewise habit of hand washing often toilet is satisfactory among the elderly people of Damak. 94percent elder use soap and water to wash their hand, 4percent use mud and 2percent elder use only water to wash their hand after their toilet.

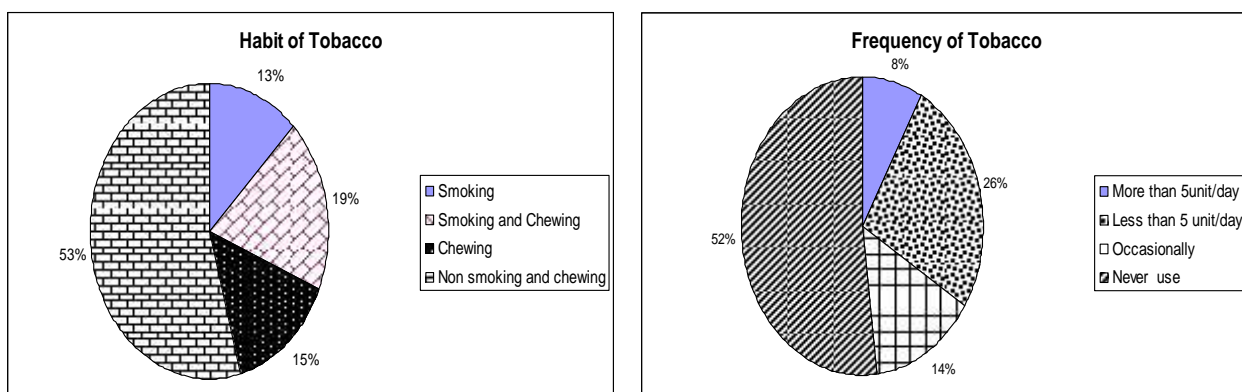
Economic status of the family may determine the type of toilet facilities. Especially in the urban area, most of the rich family provides attached toilet facilities for elderly people. Generally middle class families have permanent and some poor and unaware people may use open field. Significant numbers of elderly people are conscious about their hand wash

after toilet they use soap and water to wash their hand. Lack of awareness some people are not using.

#### 4.2.8 Tobacco and Smoking Habit:

Tobacco chewing and smoking habit is bad habit for all human. Such type of habit increase different types of diseases and health problems such as lung cancer, cough and asthma, heart diseases, and many more. So it is better to stop chewing and smoking of tobacco for good health. The habit of elder about tobacco is shown in the table below:

Figure 6 and 7: Habit of Tobacco and Frequency of Tobacco Taking



The figure shows that 52 percent elders never take tobacco; rests of them, 12 Percent smoke tobacco and 14 percent are tobacco chewinger and 18 percent elders chewing and smoke tobacco. The figure shows that 8 percent elder take tobacco more than 5 unit/time per day, 26 percent take less than 5 unit/time per day and only 14percent take occasionally.

Nearly one half elder are using different shorts of tobacco. Most of them are well known about the effect of tobacco. Some people are addicted so they unable to stop tobacco. Some of the elders are taking tobacco due to

the force of peer group, and some people use tobacco to get relaxation and relief from their physical and mental tension.

#### 4.2.9 Using Alcohol by Elderly People:

Alcohol is a liquid chemical substance which is used for drinks like, beer, wine, whisky, rakshi and jaad, etc. The abuse of alcohol is harmful for our health. Once drinking becomes a habit, people may not be able to give up. The habit of drinking alcohol is directly affecting our nervous system and it also harms our health. The table below shows the drinking habit of elder people of Damak area.

Table no.8: Alcohol practice among the elderly people

Alcohol Drinking	Male	percent	Female	Percent	Total	Percent
Daily	4	6.7	0	0	4	4
Frequently	8	13.3	0	0	8	8
Occasionally	14	23.3	6	15	20	20
Never drink	34	56.7	34	85	68	68
Total	60	100	40	100	100	100

According to table 8, the alcohol drinking habit is varied among the elder people. Out of 30 male 6.7 percent elder are daily drinker, 13.3 percent drinks very frequently and 23.3 percent drinks occasionally. More than 56 percent male are non drinkers. Likewise there are no any daily and frequently, they drink only 15 percent out of 20 drinks occasionally. The large number of elder women, 85 percent stays far from the alcohol. In total 4 percent elders are daily alcohol drinkers. The number of frequently

drinkers and occasionally drinkers are respectively 8 percent and 20 percent. The majority of elder exactly 68 percent never drink alcohol in study area.

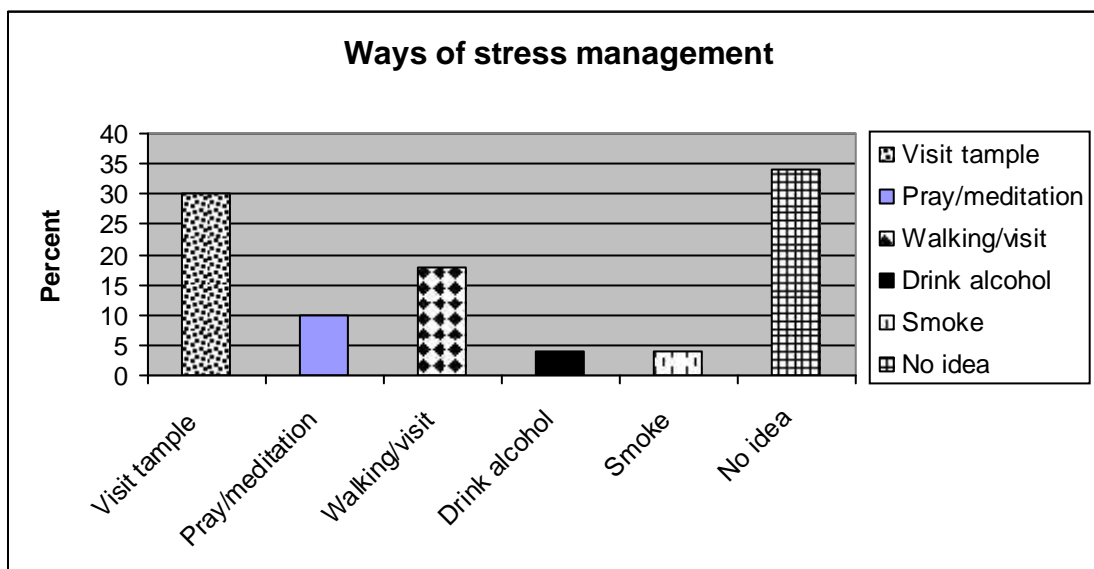
Comparatively male have more drinking habit in our society. They are very free to drink and smoke. Most of the elderly male used to drink alcohol to relief their physical and emotional stress. Some of the elders are habituate to alcohol and some elders drink alcohol for entertainment occasionally.

#### 4.2.10 Stress Management Practice by Elderly people:

Stress is the emotional and physical way in which we respond to pressure. Stress can affect both our body and mind. People under large amounts of stress can become tired, sick, and unable to concentrate or think clearly. Sometimes, people even suffer mental breakdowns.

Stress can cause both mental and physical symptoms. The effects of stress are different for different people. The mental (emotional) symptoms of stress include: tension, irritability, inability to concentrate, feeling excessively tired and trouble sleeping. The physical symptoms of stress include: dry mouth, a pounding heart, difficulty breathing, headache etc. (Guy, Slowik , 2013).

Figure 8: Stress Management Practice by Elderly People



The figure shows different ways of stress management practice and the number of elder people. To manage the stress, 30 percent elder goes to temple. 10 percent elders used to pray/ meditation and 18 percent goes for walking/visit. Among the 100 elders 4 percent drink alcohol and the equal number of elders take cigarette. The large numbers of elder people (34%) have no idea to manage their stress.

In the study area most of the elderly people feel in different kind of stress. Irritation, headache, sleep problem, tension, fatigue are the main symptoms of stress of elderly people. The main cause of stress may be physical and mental work and pressure, unhealthy behavior of the family members and dissatisfaction with their own life is another important cause of stress.

### 4.3 Socio- Economic Characteristics of Respondent:

Nepalese society is a multi cultural, multi lingual and multi religious country. The same characteristic is found in Damak Municipality. Bramin/chhetri and ethnic community are in majority; dalit ,madheshi, muslim are minority. The population growth rate of Damak is 3.97 percent where 19480 house hold and 352 tole bikash sastha are registered (nagar profile, 2069). Damak is gradually introducing as a highly urbanized city. The urbanization and modernization process is breaking our social and cultural and traditional socio- economic life. Every ones' daily life has been changing, people are become busier, and they have no adequate time to spend with family, which directly affect the family member those who are staying home continuously. Most of the elder and children is the victim of modern family and social system. The family relation is changing. Some of the elders are not satisfied with their family and community. Some social and economic characters are studied on this research which is discussed below.

#### 4.3.1 Relationship of Elder with Family Member:

Elder people are the guardian of our family and society. They are the source of knowledge and experience. When a person become an elder he/she cannot do everything well due to her/his physical, emotional, mental weakness. At that time they require proper family help and support. Due to the changing pattern of society, family members become busier; the structure of family is changing day by day. So, the elder people do not getting adequate support and time from the family member. The elders' attitudes toward family members are changing. Some elders are dissatisfied

with their family and offspring's behavior. The table below shows the satisfaction level of elders with their family member.

Table no. 9: Satisfaction of Elderly People with Their Family Member

Level of Satisfaction	Male	Percent	Female	Percent	Total	Percent
Satisfied	54	90	22	55	76	76
Little Satisfied	6	10	14	35	20	20
Dissatisfied	0	0	4	10	4	4
Total	60	100	40	100	100	100

The table no. 9 shows that among 60 male elder 90 percent are satisfied with their family and behavior. Only 10 percent male are little satisfied with family relation and behavior. On the other hand, among 40 female elder, 55 percent are satisfied, 10 percent are not satisfied and other are little satisfied with family and their behavior.

The modernization brings change in the family system. Small sized family is introducing and member of the family become busier. Modern lifestyle, poor civic education of new generation and ideological differences between old and new generation creates an unhealthy relation in the family environments.

#### 4.3.2 Elders Attitude towards Their Community and Society:

Due to the modernization and urbanization our society has been changing. Individually and selfishness is increasing day by day in our society. This is badly affected to the elder person. Most of the elder people says that traditional social relation and system are changing, elder are not

getting proper attention from the society and community. So the attitude of elder towards their community and society is varied. This can be shown on the table below.

Table no. 10: Elders Views towards Their Community/ Society

Elders views	Male	Percent	Female	Percent	Total	Percent
Very Good	6	10	4	10	10	10
Good	44	73.4	24	60	68	68
Not Good	10	16.6	12	30	22	22
Total	60	100	40	100	100	100

The table above clearly shows the elders attitude towards their community and society is not same among all. Out of 60 male elders most of them (73.4%) says good and 10 percent says very good. But, 16.6 percent male elders are dissatisfied with their society and community. Likewise among 40 female elders, 68 percent says good and 10 percent says very good, 22 percent female elders are not satisfied. So, it shows that the elder people are not satisfied with their community and modern society.

Most of the elders of the community are not getting proper attention and care, which they expect from their community and society. Those elders whose expectation was mismatch with the community they may be dissatisfied from the society and community.

#### 4.3.3 Use of Facilities by Elderly People:

Modernization may bring change in the family structure. Nuclear family is emerging day by day. Member of the family are so busy in the

modern family. Most of the time elders are staying alone in the home and the family. Some modern technology is helpful to pass their Boredom time. The modern facilities enjoying by elderly people in the study area is shown on table below.

Table no. 11: Use of Facilities

Type of Facility	Available		Not available	
	No.	%	No	%
T.V	92	92	8	8
Radio	84	84	16	16
Tele/Mobile	94	94	6	6
Inter net	14	14	86	86
None of Them	0	0	0	0

The table shows that 92 percent elder people are enjoying T.V at their home. Eighty four percent have radio and 94 percent have Teli/mobile facility at their home. They use radio and TV for entertainment to pass their boredom time. Only 14 percent elders are using inter-net to communicate their children who are staying abroad. Only few no of elderly people operate this equipment themselves. Majority get/take helps from young generation.

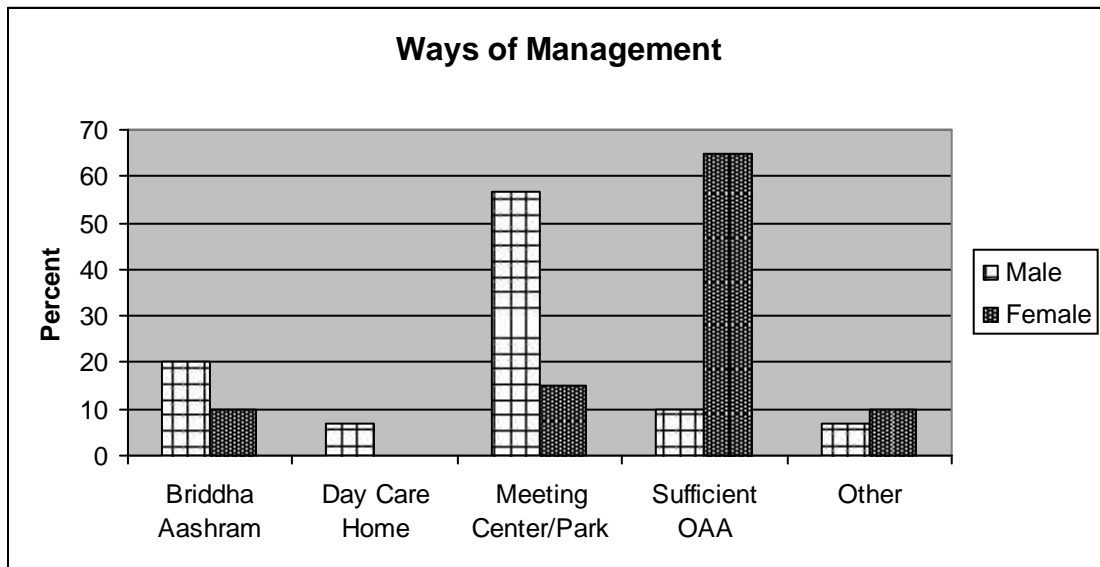
The majority of the families in Damak Municipality have to assess of modern technology i.e. TV, Radio and Mobile Phone. In the very low cost people can able to enjoy these facilities.

#### 4.3.4 Views of Elder to Manage Old Age Population:

Everyday there are so many new problems are emerging due to the process of industrialization, westernization, urbanization and modernization.

These factors tend to break up the joint family system and encouraged nuclear family. Most of the elder people prefer to stay in joint family but that does not seem possible for every personal. In the modern family most of the elders feel lonely and they think about other ways of living. To manage the old age population the respondents provide different views, which are shown on the table below.

Figure 9: Management for Elder People



The question what should be managed for elder people? was asked for sample respondent with 5 alternative answers. Out of 60 male elder, 56.6 percent prefer Local Park or Meeting Center, 20 Percent prefer Briddha Aasharm and 10 percent gives emphasis on sufficient OAA. Less than 7 Percent male prefer day care home and other facilities respectively. On the other hand, out of 40 female elder, 65 percent gives first priority in sufficient OAA. Fifteen percent prefer meeting centre/local Park. No one prefer day care home, 10 percent elder women prefer Briddha Aasharm and other facilities respectively.

Elderly people of Damak Municipality are thinking about different ways of elderly people care and management because, dissatisfaction is gradually increase in the family relation. Busier life of family member does not provide adequate care and support for elderly people so, they are thinking about the alternative ways of elders' management.

#### 4.2.10. Old Age Allowance for Elderly People:

The government of Nepal has been providing OAA for elderly people for them who cross the 70 years. Now, as an allowance the government is providing Rs. 500 per month to those elders as well as for single and divorced women. This nominal amount of allowance is not sufficient for elder people but it is taken as a positive practice and system. In the study area, among 100 elders, 36 male and 34 female are receiving OAA. The researcher tries to find out the use of OAA by elderly people at study area, which is shown on the table below:

Table no.13: Use of Old Age Allowance by Elderly People

Type of Use	Male	Percent	Female	Percent	Total	Percent
Medicine	8	22.2	10	29.4	18	25.7
Food and Cloth	14	38.9	12	35.2	26	37.10
Deposit	0.00	0.00	0.00	0.00	0.00	0.00
Give as a Gift	6	16.7	8	23.6	14	20.00
Other	8	22.2	4	11.8	12	17.20
Total	36	100	34	100	70	100

Those elders who receive OAA, most of them spend on food and clothes, among the 36 male elders 38.9 percent elder spend their money in

their daily food and cloths. More than 16 percent use to spend t as a gift to their grand children and other offspring, 22.2percent spend on medicine and the same numbers of elder spend their allowance in other sector like tobacco, transport, tea etc. as a pocket money. Likewise among the 34 OAA receiver women, 35.2 percent spend their allowance on food and cloth, 29.4 percent spend on medicine, 23.6 percent spend to give as a gift and 11.8 percent female spend in other sector. There is no one elder save their old age allowance for their future.

The nominal amount OAA may be the important source of income for financially in-active elderly population. Those people who have no any other sources of income they spend their money for their needs like medicine food and cloth. Some of the rich may spent as a gift. The amount of OAA is very low so no one can deposit.

## CHAPTER-V

### SUMMARY, CONCLUSION AND IMPLICATION

This chapter deals with the summary, findings and conclusion as well as implication that should be adopted at the local and National level. The objective of this chapter is to summarize and conclude the finding. This chapter also aims to provide implication for the related area and agencies as well as those who are concerned.

#### 5.1 Summary:

This research is mainly related with the health and socio economic problems of elderly people of Damak Municipality, Jhapa. In this study area, the total population of elderly people aged 60 above was approximately 4500. They are distributed in 19 wards of Municipality. Out of them 100 elders were selected for the purpose of data collection using purposive sampling technique. Before selecting 100 elders 19 wards were divided into two groups based on their settlement ward no 1, 10, 11, 12,13, 14 & 15 are highly urbanized having more than 4775 population in each ward and rest of them are less urbanized. They have below 3500 population in each ward. Two wards from 1<sup>st</sup> group and 3 wards from 2<sup>nd</sup> group are selected by using stratified random sampling method. Each ward is selected for 20 respondents. In the next stage, household in each sample ward was selected randomly by employing the right hand rule technique. Finally in the last stage, a member of each selected household was selected using a simple random technique if there was more than one elder. In the study, the elderly who were mentally disordered and dumb were excluded from the study.

Altogether 60 male and 40 female respondents were selected from the sample wards. Interview questioner was developed to collect the necessary data and information. Observation and discussion with other family member had been followed to further understand the health related information and situation. After completion of data collection, the researcher coded the data using a coding sheet and the coded data was tabulated in master chart.

There are many problems in old age. Elderly people are vulnerable to physical, emotional and socio- economic problems. Very few studies have been done regarding the elderly people. So it is necessary to study the elders' socio – economic and health status to promote and maintain their different problems. It is also helpful to make plans for them who concern about elders. So the topic 'Health problems of Elderly people in Damak Municipality' was selected.

The result and discussion of data is another important part of this research. Simple statistical tools like frequency, percentage table as well chart and diagrams were used to analysis and describe the data. Some demographic variables Such as age, sex, education marital status, socio-economic variables like income, facilities, family type, relation as well as health related variables i.e. health problems, diseases, treatment, food and nutrition, sanitation smoke and alcohol etc. are the basic elements of the study. In this study most of the primary data were collected through the field survey by investigator herself, where as the relevant secondary data were derived from various books, journal article, reports information center, web site and different published and unpublished sources.

## 5.2. Findings:

On the basis of this study, the main findings of this research are given below:

- a. In this research 40 percent elders were belongs to 60-69 year age group, 30 percent were belongs to 70-79 year age group, 24 percent were age group 80-89 and only 6 percent were 90 above.
- b. According to cast and ethnicity, Brahamin/ Chhetri (54%), ethnic (34%), Madhasi (6%) Muslim (2%) and dalit (4%) were found as a major cast and ethnic group in the study.
- c. Large no of respondent were illiterate accounting for 44 percent where as 28 percent are literate. Only 16 percent respondent studied class up to 5-10 and 12 percent studied above class 10.
- d. According to study, the significant number (52%) elders are living at joint family, 42 percent are in nuclear and 6 percent elders are living alone, there were no any male elders staying alone in the house.
- e. The large numbers of respondents in the study area, 64 percent were married. The numbers of married elders male are three times more than the elder female.
- f. The elderly people complained that they have been suffering from different health problems mainly they are headache, back pain, eye/ ear defect, asthma, UTI, Joint Paint, sleep problem, diabetes, BP and thyroid.
- g. Almost all the respondents, both male and female were found to be suffering from same kinds of health problems. Comparatively female are little more affected from back pain, headache, eye/ ear defect then elderly male where as sleep problem diabetes and BP is vice versa. UTI and thyroid is found only among the women.

- h. Most of the respondents, below 70 have more varied health problem compare with other age group. This study found that all elders above 80 were mainly suffered from back pain, join pain and eye/ear defect. All elders of age group above 90 were suffered from these three problems.
- i. The study shows the majority of elders are staying at home without doing any occupational activities. Second largest numbers of elder were engage in agriculture. Service, business and wage labour are respectively 3<sup>rd</sup>, 4<sup>th</sup> and least occupational participation elders at the study area.
- j. The major health problem of business elders were joint pain. Back pain and join pain was the major health problem of agricultural elder. Service/ retried elders were mainly suffer from BP and joint pain where is those elders who are staying at home without doing any occupational activities were victims of joint pain, back pain, eye/ ear defect and some of them are thyroid and UTI problem.
- k. The large numbers of elders (58%) were goes to private clinic to check up their health problem which is followed by hospital and health post. A Four percent elder goes to Dhami /Jhankri which is known as traditional treatment practice. Only 2 percent elder tries to cure their problem them self at their home.
- l. In the study areas 78 percent elders eat green vegetable daily, 46 percent elders drink milk and 12 percent eat fresh fruits every day, rest of them eat frequently and occasionally. 36 percent elders are vegetarian and 6 percent elders are far from cereals due to the uric acid/ health problem.

- m. The significant no of elders (58%) used to drink filtered water which is followed by 32 percent with tubel water. Only 8 percent drink tap water directly and very few number (2%) drink boiled water.
- n. Majority of respondents (68%) used permanent (none attach) toilet, 18 percent elders have attached toilet facilities. Temporary and open field are used by 8 percent and 6 percent elders respectively.
- o. Almost all the respondents (94%) used shop and water after their toilet. Only 4 percent used mud and water and 2 percent used only water.
- p. Fifty two percent elders are not taking any shorts of tobacco, rest of them 12 percent used to smoke Siggrate/ Bidi, 18 percent smoke and chewing tobacco and 14 percent only chewing tobacco in the study area.
- q. More than one forth (26%) take less than 5 khilli (unit) of tobacco every day. Eight percent elders take more than 5 khilli / day and 14 percent occasionally used tobacco.
- r. In the study area, 68 percent elders never drink alcohol, rest of them 4 percent elder drink every day, 8 percent drink more than once a week. One fifth elders drink occasionally.
- s. Different elders follow different ways to manage their stress. 30 percent goes to temple, 10 percent follow to pray and meditation 18 percent goes to walk/ visit to neighbor. Some of elders follow alcohol and smoke. But large no of elders (34%) are unknown about stress management.
- t. The satisfaction of elderly people with family members are varies among male and female, 90 percent male and 55 percent female are satisfied with family member, where as 35 percent female and 10

percent male are little satisfied and 10 percent women are dissatisfied with their family.

- u. Elders views towards their society/ community is varied between male and female. More than 73 percent male and 60 percent female says well. 30 percent female and more the 16 percent male are dissatisfied and only 10 elders are satisfied from their society/community.
- v. The large numbers of elders are enjoying modern technological facilities at their home, 92 percent elders have TV, and 84 percent have Radio and 94 percent have access of telephone/mobile. Internet is available for 14 percent elders.
- w. More than 56 percent male and 15 percent female elders says to think about local park/ meeting center for elderly people, 20 percent male and 10 percent female says that Briddha Aashram will be established and majority of female elders and low no of male elders prefer to provide sufficient OAA to mange elderly people. Nearly 7 percent male elder think about Day Care Home and some elders say other things will be manage for elderly people.
- x. Those elders who receive OAA, among them the large number (37.1%) spend on food and cloths. More than one forth spend on medicine and one fifth elders distribute as a gift to their kin. Around 17 percent elders spend that allowance on different ways. Although the amount of expenditure of allowance is little varied among the male and female elders.

### 5.3 Conclusion:

Majority of respondent are belongs to age 60- 69 years. More than half respondents are Bramin / Chhetri and more the one third are ethic community. Forty-four percent respondents are illiterate, 28 percent are literate, and very few numbers (12%) complete their secondary level. More the half respondents represents the joint family, 6 percent elders stay alone rest of them live in nuclear family. Numbers of widow are 4 times more than the widower. Joint pain, back pain and eye/ ear defect is the major problem of elders where as UTI and Thyroid is found only on female elder. Comparatively joint pain, back pain and eye / ear defect is higher in female than male where as BP, diabetes and sleep problems is vice versa. Health problem is varied from occupational activities. Back pain is main problem of wage labour. Joint pain is major problem for business personal, agricultural elders, service holders and none worker. BP and diabetes is higher in business and service holder compare with other.

Health Treatment practice is satisfactory among the elderly people of the study area. Firstly large number of elders goes to private clinic and secondly goes to Hospital and health post. Very few numbers of elders eat fresh fruits and cereals every day, 36 percent elders are purely vegetarian in the study area, fifty-eight percent drink filter water and 2 percent drink boiled water, rest of them use tubel and tap water. Six percent elders have not toilet facilities, they goes to open field toilet. The hands wash after toilet is satisfactory, 94 percent use soap and water to wash their hand. Nearly one half elders have unhealthy habit of tobacco and more than one third have alcohol drinking. Nearly two third of respondents follow different ways of stress management to relief their emotional tension. Majority of them goes

to temple, some of them used to take tobacco and alcohol. Large no of elder (34%) have no idea of stress management.

The views of elderly people towards the behavior of family members for them are satisfactory. More than one third elderly people among them 90 percent male are fully satisfied. Only women that are 10percent are totally dissatisfied with other members' behavior. Likewise their view towards their community is good for 68 percent and not good for 22 percent. Very few numbers of elders says very good. To manage the elders problem, more than 56 percent male prefer meeting centre/park and 65 percent female think sufficient OAA should be better to elderly care.

### 5.3 Implications:

Elders are the property of our family, society and even nation. They are living history of the world. So we must improve their situation which needs encouragement of every person as well as positive attitude towards elders. The implication of this study are as follows:

#### Policy Level

The researcher finds, through this study, the government has been providing some facilities to elderly people such as OAA, SSA, medical facilities, discount in transportation etc. But most of the elderly are unknown about those facilities except OAA. More proportion of elderly is suffering from different health problems and diseases. So government should provide free medical treatment for elderly people at the local level. It will be better to establish Elderly Care Centre, Briddha Aashram, Meeting Park etc. in every district, municipality area for homeless, helpless, isolated elderly people. The government should manage sufficient SSA to solve the socio-economic

problem of elderly people. Educational program should be run in school and colleges for new generation to better understanding of the elderly people.

The implication of this thesis in the policy level are as follows:

- a. New policies on social security system will be adopted to improve overall status of the elderly people.
- b. Problem of elderly peoples should be taken into account in the national development planning .
- c. this research provide the real situationof elderlypeople which helps to develop the further programme for elderly care and management in national and local level.

#### Practice Level:

The existing health practice of elderly people regarding personal hygiene, sanitation, use of drinking water, dietary habit is sound good. Some unhealthy habits like smoking, tobacco and alcohol drinking should be control by them self to improve the health status of elderly people. Some small misunderstanding may destroy the peace environment of family. It will be better to try to understand the new generation. So, some unnecessary traditional believes, rules, and practice should be better to avoided by the elderly people; which make easier to adjust them in the family and community.

The home should be made favorable for elder people. They should be provided good food, drink, and lodge. The family mostly remove negative attitude towards elders so they must be respect inside the home. The problem of elder should share by the family to heal them; respectful environment should be created in the family.

The majority of elderly had different kinds of health and socio-economic problems. Most of the elders are playing very important role in the family and community. Large numbers of elders are engage in different income generating activities at their retired life. Some of the elders are not satisfied with their society and community. Community must be respectable, care able and positive towards the elder people. Following are the main implication in the practice level:

- a. to improve the health behaviour.
- b. to develop the positive attitude towards the elderly people.
- c. to understand and solve the various problems of elderly people in their family and community.

#### Further Researcher:

At present, few studies have been undertaken regarding the elderly people in general. But, there is no any research has been conducted about elders of Damak settlers, so this may be the first; which may be helpful for further researcher to:

- a. study the health and socio –economic problem and situation of elderly people at Damak.
- b. carried out further research focusing on local and national level.
- c. carried out experimental and diagnostic research to find the problems of elderly people using this research.
- d. everyone can use and take support from this research to study the different problems of such related groups.

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## APPENDIX – I

### Interview Shedule

#### A. General information:

Name:

Age:

Sex: Male/ Female

Religion:

Cast:

Type of family: a. Nuclear b. Joint c. Alone

Marital status: a. Married b. Unmarried c. Divorced d. widow/er

Education: a. Literate b. Illiterate c. Passed Class.....

Occupation: a. Agriculture b. Service c. Business d. Other.....

#### B. Health information:

##### I. Habit of:

1. Smoking? Y/N

If yes, how often..... (no. of stick per day).....

2. Tobacco chewing? Y/N

If yes, how often.....(per day).....

3. Alchole drinking? Y/N

If yes, how often.....

4. How many times do you take meal in a day?

i. One ii. Two iii. Three iv. Four

5. How many times do you take fruits?

i. Daily ii. Frequently iii. Occasionally

6. How many times do you drink milk ?

- i. Twice a day ii. Once a day iii. frequently iv. Occasionally v. other

7. How often do you take meat/fish?

- i. Daily ii. Weakly iii. Frequently iv. Occasionally v. other

8. How often do you take cereals?

- i. Daily ii. Weakly iii. frequently iv. Occasionally v. other

9. Do you take any medicine regularly? Y/N

10. How often do you take a bath?

- i. Daily ii. Twice a weak iii. Weakly

11. Do you brush your teeth daily?

- i. yes ii. No iii. Sometimes

12 .What kinds of drinking water do you use?

- i. boild ii. Filtered iii. tap water iv. Tubal water

13. what type of toilet do you use?

- i. Attach ii. Non attach iii. Temporary iv. Open field

14. What you use to wash your hand after toilet?

- i. Soap and water ii. soil and water iii. only water

15. Do you have any health problems? Y/N

If yes, What are they?

- a. headache b .back pain c. joint pain d. asthma e .Gastritis  
f. Eye and ear defect g. UTI h. Sleep problem i. Other.....

16. For how long have you had the above problem?

- a. before 60 years b. after 60 years

17. Did you seek treatment for those problems? Y/N
18. If yes, where did you go for the treatment?
- a. Hospital      b. Private clinic      c. Dhami      d. Other.....

19. If no, why?
- a. poverty   b. no idea   c. own/family negligence   d. other

20. Do you feel any improvement of this problem after treatment? Y/N

### C. Socio-economic aspect

21. Do your family member respect you?
- i. Yes      ii. No      iii. Little      iv Other.....

22. Do you get proper help from your family?
- i. Yes      ii. No      iii. Little

23. How is your son and daughter in laws behavior towards you?
- i. Satisfactory      ii. Fairly good      iii. No satisfactory

24. Your neighbor or other people respect you as a senior citizen in your society?
- i. Yes      ii. No      iii. Little bit

25. Do you receive service pension? Y/N

26. Do you receive old age allowance? Y/N

27. Do you have personal account? Y/N

28. Do you have following facilities at your home?
- a. TV      b. Radio      c. Internet      d. Telephone/Mobile Phone      e. No

29. Do your family member supports economically? Y/N

30. How many son and daughter do u have?    No of son.....No of daughter.....

31. Are you satisfied from this allowance Y/N
32. If no, Why?.....
33. How do you use this Old Age allowance?  
a. Medicine    b. Foods and cloths    c. Deposit    d. Give as a gift
34. What should be manage for elder people?  
a. Briddha ashram    b. Care home    c. Sufficient old age allowance  
d. Local park e. Other facilities.....
35. What do you do for stress management?  
a. Visit tample    b. Meditation    c. Visit to neighbor    d. Other.....
36. How do you use your free time?  
a. Play card    b. Thread weaving    c. House work    d. Talking

***THANK YOU***